

1.) CORPORATION NAME:

JOE MORTEN & SON, INC.

DUE DATE: **5/31/2011**

SCC ID NO: **F1547258**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

JOHN K MESSERSMITH IV

901 MOOREFIELD PARK DR STE 200

RICHMOND, VA 23236

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1100 WEST 29TH ST
BOX 277

CITY/ST/ZIP: SOUTH SIOUX CITY, NE 68776-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: VINCENT C LAMB
TITLE: PRESIDENT
ADDRESS: 2905 STONE CARVER DRIVE
CITY/ST/ZIP/CO: BLOOMINGTON, IN 47402-

OFFICER

DIRECTOR

NAME: RANDALL J EIDE
TITLE: VICE PRESIDENT
ADDRESS: 1100 W 29TH ST
CITY/ST/ZIP/CO: SOUTH SIOUX CITY, NE 68776-

OFFICER

DIRECTOR

NAME: DEBORAH J COOK
TITLE: SECRETARY
ADDRESS: 1100 W 29TH ST
CITY/ST/ZIP/CO: SOUTH SIOUX CITY, NE 68776-

OFFICER

DIRECTOR

NAME: GAYLEN L TENHULZEN
TITLE: TREASURER
ADDRESS: 1100 WEST 29TH STREET
CITY/ST/ZIP/CO: SOUTH SIOUX CITY, NE 68776-

OFFICER

DIRECTOR

NAME: HUGH H FUGLEBERG
TITLE: COB
ADDRESS: 1100 WEST 29TH ST
CITY/ST/ZIP/CO: SOUTH SIOUX CITY, NE 68776-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES D. JENSEN DIRECTOR 1100 WEST 29TH STREET SOUTH SIOUX CITY, NE 68776-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID J. ERLANDSON VICE PRESIDENT 3311 DANIELS LANE SOUTH SIOUX CITY, NE 68776-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK J. WHITING VICE PRESIDENT 1100 WEST 29TH STREET SOUTH SIOUX CITY, NE 68776-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLADE R. WILKES VICE PRESIDENT 2601 FORTUNE CIRCLE EAST, SUITE 100A INDIANAPOLIS, IN 46241-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY E. BONGARD VICE PRESIDENT 624 SIX FLAGS DRIVE, #240 ARLINGTON, TX 76011-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK J STOREY VICE PRESIDENT 3108 104TH STREET URBAN DALE, IA 50322-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES T. TWEDT VICE PRESIDENT 3108 104TH STREET URBAN DALE, IA 50322-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES E. ARENDS VICE PRESIDENT 1100 WEST 29TH STREET SOUTH SIOUX CITY, NE 68776-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN S. SHERRITZE VICE PRESIDENT 2030 FALLING WATER RD., SUITE 300 KNOXVILLE, TN 37922-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARL A. RITTER VICE PRESIDENT 2030 FALLING WATER RD., SUITE 300 KNOXVILLE, TN 37922-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT E. RIMMELE VICE PRESIDENT 6747 SOUTH KINGERY HIGHWAY WILLOWBROOK, IL 60527-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS A. KOENIGS VICE PRESIDENT 1100 WEST 29TH STREET SOUTH SIOUX CITY, NE 68776-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG A. POSSON ASST SECRETARY 1100 WEST 29TH STREET SOUTH SIOUX CITY, NE 68776-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY E. ANDERSON ASST TREASURER 1100 WEST 29TH STREET SOUTH SIOUX CITY, NE 68776-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CRAIG A. POSSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CRAIG A. POSSON, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	5/18/2011 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.